

DATE OF OWNERSHIP CHANGE

Reply to: Department of Health Services
Licensing and Certification Program
Centralized Applications Unit
MS 3402
P.O. Box 997413
Sacramento, CA 95899-7413

Re: _____
(Facility name)

(Facility address—number, street)

(City, state, ZIP code)

We have been advised that you are the new owner(s) of the subject facility.

We wish to make certain that our records correctly show the effective date of the ownership change. This date should reflect the actual date on which you took charge of the financial management of the facility rather than the date of sale or date of state license change.

Would you please enter this effective date in the space provided at the bottom of this page. We also request that you or your representative, and if possible the previous owner, sign this form and return with any other material we have asked you to return.

Effective date of change of ownership

Signature (for new owner)

Signature (for previous owner)

Name of new owner, partnership, limited liability company, or corporate entity

Name of previous owner, partnership, limited liability company, or corporate entity